



RECEIVED
CENTRAL FAX CENTER
SEP 09 2005

**North America
Intellectual Property corporation**

P.O. BOX 506, Merrifield, VA 22116, U.S.A.

Voice Mail: 302-729-1562 FAX: 806-498-6673 e-mail: winstonhsu@naipo.com

FAX TO : LE, DINH THANH

ART UNIT: 2816

TEL : (571) 272-1745

FAX: (571) 273-8300

FROM : Winston Hsu, PATENT AGENT, REG. NO. : 41,526

SERIAL NO. : 10/708,700

ATTORNEY DOCKET NO.: MTKP0140USA

SUBJECT: Authorization to Act in a Representative Capacity Form

TOTAL PAGES : 2 PAGES (INCLUDING COVER PAGE)

Winston Hsu SEP 09 2005

**RECEIVED
CENTRAL FAX CENTER**

SEP 09 2005

Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: En-Hsiang Yeh	
Application No. 10/708,700	
Filed: 03/19/2004	
Title: SWITCHED CAPACITOR CIRCUIT CAPABLE OF MINIMIZING CLOCK FEEDTHROUGH EFFECT AND HAVING LOW PHASE NOISE AND METHOD THEREOF	

Attorney Docket No. MTKP0140USA	Art Unit: 2816
------------------------------------	-------------------

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Scott Margo	56,277

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record		
Signature	<i>Winston Hsu</i>	Date SEP 09 2005
Name	Winston Hsu	Registration No., if applicable 41,526
Telephone	302-729-1562	

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.